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CURRENT CORRESPONDI	ENCE ADDRESS (Note: Use Bl	ock 1 for an	y change of address)		Fee(:	s) Transmittal, This	s certifi	cate cannot be used for	domestic mailings of the or any other accompanying to r formal drawing, mus	
PO BOX 3001	7590 05/19 ELLECTUAL PRO IANOR, NY 10510	OPERT	TY & STAN			Cert	ificate	of Mailing or Transr		
									(Depositor's name)	
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APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET N		RNEY DOCKET NO.	CONFIRMATION NO.	
10/581,535	10/581,535 06/01/2006			Roelof Steunenberg		•	NL04 0436 US1		7116	
PITLE OF INVENTION									_	
APPLN. TYPE			JE FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO		\$1510		\$300		\$0		\$1810	08/19/2010	
EXAMINER		ART UNIT		CLASS-SUBCLASS						
PATEL, Bl	3724		030-050000							
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE	PRINTED ON T	ΓΗΕ PATENT (print o	r typ	e)				
PLEASE NOTE: Unl recordation as set forth (A) NAME OF ASSIG		ified belo oletion of	ow, no assignee this form is NO	data will appear on the farming a substitute for filing (B) RESIDENCE: (C)					ocument has been filed for	
KONINKLIJKI	E PHILIPS E	LECT	RONICS 1	1.V. E	INI	HOVEN, N	L			
Please check the appropr	iate assignee category or	categorie	es (will not be pr	inted on the patent):		Individual 🛚 Co	rporatio	on or other private gro	up entity 🚨 Government	
4a. The following fee(s) a  Issue Fee  Publication Fee (N  Advance Order - #	o small entity discount p	A check is enclos Payment by credi	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1270 (enclose an extra copy of this form).							
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this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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